

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589253

FILING DATE

8.11.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4	1		1			
5	1		1			
6	2		1			
7	①		1			
8	1		1			
9	1		1			
10	2		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	4		1			
16	1		1			
17	1		1			
18	1		1			
19	1		1			
20						
21	5		⑧			
22	①		8			
23	①		1			
24	①		1			
25	①		1			
26	①		1			
27						
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46						
47						
48						
49						
50						
TOTAL IND.			5			
TOTAL DEP.			2			
TOTAL CLAIMS			26			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						